

216020612
99444

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 077	Agency Case No. B6-043491	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/18/2016		TIME OF ACCIDENT 1755	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1759	Amended	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O ST / 12 - 11		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	05/21/2016	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				90.72	X	11th St.
V1/M 08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G01088863		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	KERRI A MEYER		PHONE	4023263674	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/29/1962	
	1971 A STREET RD, PLEASANT DALE, NE 68423					
G 4	OWNER	MEYER AUTOMOTIVE INC		PHONE	4023263674	
	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB510500	
	975 280TH, SEWARD, NE 68434					
H 5	LICENSE PLATE PD NO.	16N942		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2016	Ford	Explorer	Medium/large	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 10
V2/O 1	VEHICLE ID NO. (VIN)	1FM5K8DH2GGA00335		INSURANCE COMPANY	Kirby Roth Ins.	
	TOWED TO	TOWED BY		POLICY NO.	50-629-429-00	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	V03171614		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	JEROME L HARLSTON		PHONE	4026015688	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/16/1963	
	202 S 27TH ST APT 5, LINCOLN, NE 68510					
J 01	OWNER	JEROME HARLSTON		PHONE	4026015688	
	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
	202 S. 27th ST. #5, Lincoln, NE 68423					
V1/Q 4	LICENSE PLATE PA NO.	TST286		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2007	Chrysler	TOU	Full size van	maroon / burg	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50
K 01	VEHICLE ID NO. (VIN)	2A4GP54L37R134975		INSURANCE COMPANY	Progressive	
	TOWED TO	TOWED BY		POLICY NO.	901641866	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

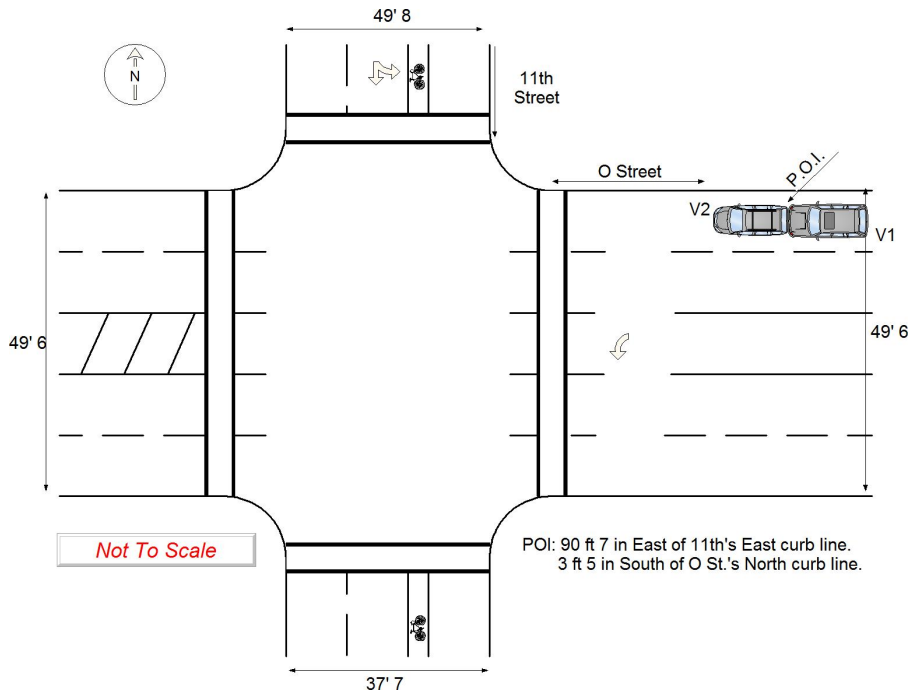
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-043491



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 stated he was traveling WB on O Street / 12th - 11th and was stopped in traffic. D2 stated he was then rear ended by V1. D1 stated she was traveling WB on O Street / 12th - 11th and was stopped in traffic behind V2. V1 stated she accidentally let her foot off of the brake and her vehicle rolled into V2. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	O Street										
2				X	O ST										
1	11			06 Turning left		VEHICLE 1		VEHICLE 2		1		2		1	
2				08 Entering traffic lane		POINT OF IMPACT		POINT OF IMPACT		2		2		1	
				09 Leaving traffic lane		MOST DAMAGED AREA		MOST DAMAGED AREA		3		3		1	
				10 Parked		01		05		4		4		1	
				11 Slowing or stopped in traffic		02		03		5		5		1	
				12 Other		04		06		6		6		1	
				13 Unknown		08		07		7		7		1	
						09		10		8		8		1	
						11		12		9		9		1	
						12		13		10		10		1	
						13		14		11		11		1	
						14		15		12		12		1	
						15		16		13		13		1	
						16		17		14		14		1	
						17		18		15		15		1	
						18		19		16		16		1	
						19		20		17		17		1	
						20		21		18		18		1	
						21		22		19		19		1	
						22		23		20		20		1	
						23		24		21		21		1	
						24		25		22		22		1	
						25		26		23		23		1	
						26		27		24		24		1	
						27		28		25		25		1	
						28		29		26		26		1	
						29		30		27		27		1	
						30		31		28		28		1	
						31		32		29		29		1	
						32		33		30		30		1	
						33		34		31		31		1	
						34		35		32		32		1	
						35		36		33		33		1	
						36		37		34		34		1	
						37		38		35		35		1	
						38		39		36		36		1	
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						46		47		44		44		1	
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						48		49		46		46		1	
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						50		51		48		48		1	
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